



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: RIVER RIDGE SURGICAL SUITES, LLC

Street Address: 2031 Jeffersonville Commons Dr.

City: Jeffersonville

County: Indiana

Administrator Name: Chaundra Coons

Administrator Email: ccoons@riverridgess.com

ASC Web Address: 2031 Jeffersonville Commons Dr.

Fiscal Year: 2020

Accredited:  Yes  No

Name of Accrediting Body: The Joint Commission

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

|                           |   |
|---------------------------|---|
| Number of operating rooms | 2 |
| Number of procedure rooms | 1 |

III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |
|--|--------------------|----------------------|
| Time Period  | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period              | 613                | 613                  |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 64483  | 74                 |                      |
| 62323  | 49                 |                      |
| 27447  | 46                 |                      |
| 64721  | 44                 |                      |
| 62321  | 43                 |                      |
| 64493  | 33                 |                      |
| 27130  | 30                 |                      |

|       |    |
|-------|----|
| 29881 | 29 |
| 64635 | 22 |
| 64718 | 21 |

#### IV. Outcomes from Surgical Procedures

|  |   |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 1 |
|--|---|